MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		- (4G-C)	
County Mass		Registration Dist. No. 204	
Village or City Jainlee Length of residence in city or town where	Chestulason (If	MNO. St., death occurred in a hospital or institution, give its NAME instead of street and number, ds. How long In U.S. If of foreign birth? yrs. mos.	
- Bulling	· P1. Ban		
(a) Residence: No. Par	leef.	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
Jesusle White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH TOTOMEN 10 , 193 (Month) (Day) (Y	Z ear)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of J. H. Morrie	Brandle	22. HEREBY CERTIFY. That I ettended deceased	ed from
6. DATE OF BIRTH (month, day, and year)	narch. 4. 1881	last sew h & alive on nov 10 ,19 3); death	h is said
7. AGE Yaars Months	Deys If LESS than 1 dey,hrs.	to have occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as farlows:	-
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		- Date	of onset
work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end yeer)	11. Total time (years) spent In this occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Educate (State or country) Leut So med			
13. NAME Genjimus 3. a	demones		
13. NAME Benjamus 5. Ce	eerille	Nama of operation Dete of	
(State or country)	of lo and	What tast confirmed diagnosis? Was there an autopsy	/?
15. MAIDEN NAME Que au M. Strong 16. BIRTHPLACE (city or town) Jeans A. Daulo (State or country) Dens. Bo. rus 17. INFORMANT D. M. Branchele (Address) Operaturation		23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	19
18. BURIAL, CREMATION, OR BENOVAL Place Messley Chappy Data Arva 12, 1932		Menner of injury	
19. UNDERTAKER Many Williams (Address) Chief worm Mid		24. Was disaase or injury in any way related to occupetion of decaased?	
20. FILEO 20 / 2 , 19 37 6	7. Sinstly Registrar.	(Signed) 2 sulla (Address) Placellan	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (E 1 V E D)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 2 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

(Address)

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12028
1. PLACE OF DEATH	(2) (2)
County Lent	Registration Dist. No.
Village or City Bettertore	No. St. Ward
(If Length of residence in city or town where death occurred 3 44 vrs mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Katherine & Brief	If U.S. Veteran specify WAR.
(a) Residence: No. Bellow 2nd (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND-of (or) WIFE of Clearles H Bruce	22. I HEREBY CERTIFY, That I attended deceased from 1927 to 1937
6. DATE OF BIRTH (month, day, and year) May 6 to 1871	I last saw h Les alive on 2002 231937; death is said
7. AGE 6 Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Lawallife SAWYER, BOOKKEEPER, etc	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	727
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BfRTHPLACE (city or town) Betterrore med (State or country)	Other Contributory Causes of importance:
13. NAME WWW H Kelley	
14. BIRTHPLACE (city or town) Road Resour	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LOCAL LO	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / 3 colling (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT lelegarlest Brice	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

Manner of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	5. J	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PL

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County / Lut	Registration Dist. No. 200
Village or City Near hullington	ND. St. Wa
Length of residence in city or town where death occurred	My death occurred in a hospital or institution, give its NAME instead of street and number) S. How long in U.S. if of foreign birth?
2. FULL NAME Busin	33
	Le one W. I
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fro
AGE Years Months Days If LESS than 1 day,hrs	I last saw h alive of lesse to have occurred on the date stated above, at 1. 30 m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc	were as follows: Still love (12 kmcl) Date of ones.
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME alonga Burns	
14. BIRTHPLACE (city or town) Security (State or country)	Name of operation Date of What test confirmed diagnosts? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19
7. INFORMANT Almyn Prusis (Address) Michigan Mus	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place from Date Man 20 ,1927	
9. UNDERTAKER Alonga Busis (Falla) (Address) Millingen. Mig	24. Was disease or injury In any way related to occupation of decaased?
10. FILED 1/1/9, 1927 he Brune Laghet Registrar.	(Signed) My M. (Address) Mullington hy.

V. S. No. 1

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Example I		Example II	
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	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V.S. No.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	12030
1. PLACE OF DEATH		940	5
County Cent		Registration Dist. No.	200
Village or City Near Mille	ington	No.	St., Ward
Length of residence in city or town where deeth		f death occurred in a horpital or institution, give its NAME instead of str sds. How long in U.S. If of foreign birth?yrs	reet and number)
2. FULL NAME John	Howard	If U. S. Veteran, specify WAR	
(a) Residence: No. / Philling	(Usual place of abode)	St., Ward. If nonresident give city or to	own and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEA	ATH
Thale White	SINGLE, MARRIED, WIDOWED, OR DIFORCED (write the word)	21. DATE OF DEATH 27 (Month) (Day)	, 193
5a. If merried, widowed, or divorced HUSBAND of Gor) WIFE of Ada Ho	ward	22. A HEREBY CERTIFY, That I a	ttended deceesed from
6. DATE OF BIRTH (month, day, and year) aug	met 20, 1862	1 (3st saw h sizes alive on Um 27	193.7.; death is sei
7. AGE Years Months	Days If LESS then	to heve occurred on the date steted above, at 3:30 s.m.	
75 3	7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of important were as follows:	Oate of onse
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	tired Farmer	ashmorlows	1903
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		augina Pettrin	Sendale 2 han
10. Date deceased last worked at this occupetion (month and year)	11. Total time (years) spent in this occupetion	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Cox borough (Stete or country) Quicke Objects Fa		Other Commission Causes of Importance:	
13. NAME John To	owald		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	gland	Neme of operation D	
1 (State of County) and		Whet test confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Sarah Gew		Accident, suicide, or homicide? Dete of Injury Where did injury occur?	,, 19
17. INFORMANT Mrs. John Howard (Address) Thissi Stor Ma. R. F.D.		(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HDME, or in PU	and State) BLIC PLACE,
18. BURIAL, CREMATION, DR REMOVAL PIECE TEMPERALASSING, Md. Dete Nov. 29, 1937		Menner of Injury	
19. UNDERTAKER J. A. Frampel (Address) Hederalectur	om - Son 9 Maryland	24. Was disease or injury In any way related to occupation of decer	esed? hr
, 00		Men XIV	2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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MeAt			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that should be carefully supplied.

TION is

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	(20)	a
County Keigh	Registration Dist. No. 200	7.
Length of residence in city of town where deeth occurred	ND. St., f death occurred in a hospital or institution, give its NAME instead of street and n sds. How long in U.S. if of foreign birth?yrsmo	
(a) Residence: ND. Rock Shack (Usual place of abode)	St., Ward. If U. S. Veteran, specify WAR. St., Ward. If nonresident give city or town and statements are city or town.	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November (9 (Month) (Day)	193. 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Learge A. B. Joynes 5. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Devs If LESS than	22. I HEREBY CERTIFY, That I ettended of 1924, to 2021. 1936. I last saw here elive on 2021. 1936.	, 19. <i>3.</i> 7
74 / 15 1 day,hrs.	to have occurred on the date steted above, et_6.2.28. A.m. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and 726 11. Total time (years) spent in this occupation	Other Contributory Canses of importance:	1934
12. BIRTHPLACE (city or town) Perful (State or country)	Becordey anemia	1937
13. NAME wuknown.	/	
13. NAME cuckrown: 14. BIRTHPLACE (city or town) Careplaced: (State or country)	Name of operation Date of Date of Whet test confirmed diagnosis? Wes there en a	utopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death wes due to externat causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Ville Park Live Date 7 July 22, 1937	Menner of injury	
19. UNDERTAKER Marrie Vin Williams (Address) Mushim Milliams	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED MAN J. J. 193 JAM J. 10 D. M. M. Registrage	(Signed) 22 Medicate Me	M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	LVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis			Run over by street car	1 week ago
Cerebral hemorrhage	DEC 2	July 5, 1927	Peritonitis	3 days ago
	V. S.			
Other contributory causes	of importance:	" 	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1 2 2 1	5
info sta UP/	1. PLACE OF DEA
of uld CC	County
should of OC	Village or City (C
NS ut	Length of residence in ci
Eve	2. FULL NAME
NSIC State	(a) Residence: No.
PH ts	PERSONAL AN
REC . PJ Exact	2.SEX 4.COLO
LY	small W
IS A PERMANENT stated EXACTLY properly classified.	5e. If married, widowed, or divo
RMA X A class	(OI) WIFE OI
E y c te.	6. DATE OF BIRTH (month, da
ed ed perl fica	7. AGE Years
IS stat prop	21
be lof c	8. Trede, profession, or p kind of work done, SAWYER, BOOKKEI
Should be it may be on back of o	9. Industry or business in work was done, as
K-hou hou ba	SAW MILL, BANK,
	10. Date deceased lest wo this occupation (mo year)
NG I AGE that ions o	V
(FADING blied. AGI rms, so than structions	(State or country)
VFA plied rms nstr	T 13. NAME OF
UN suppl tel	14. BIRTHPLACE (city or t
ly surlain t	
Wr sful in p	15. MAIDEN NAME
X, car	0 16. BIRTHPLACE (city or)
be EAT imp	(State or country)
PLAN hould OF DF	17. INFORMANT (Address)
	18. BURIAL, CREMATION, OR
ITE on s SE N is	Place Charles
I AU	19. UNDERTAKER Thom
FOR	(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12032
1. PLACE OF DEATH	920
County Gelle 4	Registration Dist. No.
Village or City (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or down where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ADMON COLVED A MU	Cale & source specify WAR.
(a) Residence: No. (1) Add (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Se. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2 1906	I lest saw half alive on
7. AGE Years Months Days /If LESS than I day,hrs.	to heve occurred on the dete steted above, at
8 Trade profession or particular	were as tollows. Daje of anset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at bis occupation (month and spent in this	2/
10. Date deceased lest worked at this occupation (month and year) this occupation	Other Contributory Courses of Jimportance 1 1
12. BIRTHPLACE (city or town) (State or country)	A Cille Hill Mariles Ay 3
13. NAME OUGGE S. M. Steemen	9-
13. NAME ALGER J. M. BRELLOS 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME XGSULF Baller	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homoget 19 19 19 19 19 19 19 19 19 19 19 19 19
16. BIRTHPLACE (city or town) (State or country) (State or country)	Where did injury occur?
17. INFORMANT OFFICE STATE STATE OF THE CANADA STATE OF THE CONTROL OF THE CONTRO	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Character Hell Date Nov. 13, 1937	Manner of injury All
19. UNDERTAKER Itan. H. Gurden Galdress) Charles Charles Charles 10 2000	24. Was disease or injury in any way related to occupation of deceased?
20. FILED TIEV. 12, 1937 Geo. R. Jones MEX	(Signed) (Signed) M. D. (Address) Clickless Hell Red
If were black are midd added State Printers	N. Charles Street Patrimore Property W. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
A COLUMN					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIFICA	ATE	OF	DEATH
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- 1	/	1	2	**	C		<
	Sagar .	U.	ž.	9	3-	0	Ð

1. PLACE OF DEATH	(8)
County Sery	Registration Dist. No. 202
Village or City Lent & freeu and lo Ho	sprolat hesterlown St., Ward
(II Length of residence In city or town where death occurredyrsmgs	Leath occurred in a hospital or institution, give its NAME instead of street and number) S
1 /1	Tellon millon
2. FULL NAME un named M	W. Teteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ZOV 12 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Nov-12/37	1 last saw h
7. AGE Yats Months Deys If LESS than	to heve occurred on the date stated above, \$1/2 am.
// 1 has all 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	(least forms)
9. Industry or business in which	_0 , // ,
work was done, as SILK MILL, SAW MILL, BANK, etc	leath in their
O 10. Date deceased last worked at this occupation (month and year) 2. Spent in this occupation	
W. & O. Hash late	Other Coatribatory Causes of Imporlance:
12. BIRTHPLACE (city or towns) (Stete or country) (Stete or country)	
	Andreep talus and
13. NAME Ruman Muller 14. BIRTHPLACE (city or town) Clarker rule (State or country)	Rama Bifila
(Stete or country)	Nemé of operation
(State of country) money are	Whet test confirmed diagnosis? Was there an autopsy?
I 15. MAIOEN NAME Elman They Keynolds	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Length (State or complete)	Accident, suicide, or homicide?
(State or country) James Le mid	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Elma - Kennach (Address) Cherlestan RR 2	Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Plece Clynold yarm & a. C. Dete Nor 12, 1937	Neture of injury
Wit Wicks	24. Was disease or injury in eny way related to occupetion of deceased?
19. UNDERTAKER (Address) Chesterliner MC	If so, specify
7-11 27 WI 7/2 H	(Signed) Frankli Smith M.D.
20. FILEO /WY /2 , 19.37 / J. Vichy Registrar.	(Address) Checkedown med
Acgniui.	**************************************

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II				
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927		3 days ago			
BURGAU V. S						
Other contributory causes of importance:	44.44	Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
	1					

Exact statement of OCCUPA-

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
EATH	11	/	1	

1. PLACE OF DEATH	Kent	_	186 TREGISTRA	tion Dist. No. 202
Village or City	Historia		No.	
Length of rasidence in city o	r town where death occurr	edyrsmo	ds. How long in U.S. if of foreign birth	7yrsmos
2. FULL NAME	uguna 10	alker Mo	rdy	
(a) Residence: No.	1 7	ill	St., Ward.	
		al place of abode)		ident give city or town and State
PERSONAL AND			MEDICAL CERTIFICA	ATE OF DEATH
3. SEX \mathcal{F} , 4. COLOR O	R RACE 5. SI	(write the word)	21. DATE OF DEATH (Month)	(Day) 193 7
(or) WIFE of	James Th	mes mode	22. No HEREBY CERT	15 Y. That I attended deceased f
6. DATE OF BIRTH (month, day, ar	d year) Cect	22,1846	I last sew h & alive on X	/ / 6 , 19 5 7; death is
7. AGE Years	Months Da		to have occurred on the date stated above, at L.	; 2.0 A.m.
91	0 2	o l day,hrs.	The PRINCIPAL CASSE OF DEATH and related were as follows:	
8. Trade, profession, or partic	ular		bouch	B _ Die of on
kind of work done, as SAWYER, BOOKKEEPER	t, etc	000) Treeser	ouer-
kind of work done, as SAWYER, BOOKKEEPER SAWYER, BOOKKEEPER work was done, as SILP SAW MILL, BANK, etc 10. Date deceased last worked	(MILL.)/	une	Aspra Acter	me por
SAW MILL, BANK, etc		Total time (There)		pr.
this occupation (month	andlow	Total time (years) spent In this occupation		
	N. t.		Other Contributory Causes of importante:	classon
12. BIRTHPLACE (city or town) (State or country)	Juny Co.		Jucas IIII (Sea	over .
20	011 11	- Contract	grant pro	Tarroy
	12. 14	nam	- Low Troco	Laceresco
14. BIRTHPLACE (city or town) (Stata or country)	n	1	Name of operation	Date of
	W	Mas OV		Was there an autopsy?
	Mary 5	Timacher	1. ///	CE) fill in also the Tellowing:
16. BIRTHPLACE (city or town) (State or country)	7 Clas	- suland	Accident, suiotie or homicide!	Date of Igury
(State of County)	1 17	241	Where did injury occur? (Specify ci	ity or town, county and State)
17. INFORMANT	fact to	more	Specify whether Injury occurred in INDUSTRY, I	IN HUME, OF IN PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REM	OVAL	, , , , , , , , , , , , , , , , , , , ,	Marrie of injustice preserves	, taa stou
Place Chesty Ces	action Date	11/13/1937	Native of injury	Classion
0	01/11/1	1.10/		to
19. UNDERTAKER	011111111111111111111111111111111111111	inilion	24. Was disease or injury in any way related to o	occupation of deceased?
Audiess)	24 11-	11 - 1.	(Signed)	Mules.
20. FILED MUST 19	X/////////////////////////////////////	/ V / / /	I Catalian	

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Example I		Example II			
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago.		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
The second secon					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County New!	Registration Dist. No. 202
	Megistration bist. No.
Village or City Lhes Village or City (If	death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME May amanda Spur	La . If U.S. Veteran specify WAR
(a) Residence: ND.	St., Ward,
(Usual place (Labode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Uhitz Ularical	21. DATE OF DEATH November 20, 193.7 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Carriel Skarks.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Than 23, 1876	Hast saw h. ex elive on Marken 20 1937 death is said
7. AGE Years Months Days If LESS then	lo have occurred on the dete stated above, at1_2Pm.
100 7 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	were as follows: Date of onset 11-14-37
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Carinoma of colon (complained?
9. Industry or business in which	a sumestous dating 6 mor and
work was done, as SILK MILL, SAW MILL, BANK, atc	
O 10. Dete deceased lest worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Double Creek No. Cuesset	Other Contributory Causes of Importance:
(State or country) Queen anne, Co.	Right ovariou By
13. NAME Samuel Cooden.	Enlenationi ?
14. BIRTHPLACE (city or town)	Name of operation Exploratory Reporting Laborator Date of 11-20-37
(State or country) ways a	What test confirmed diagnosis? Was there an au'opsy? Uc-
15. MAIDEN NAME Martha Busis.	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or lown)	Accident, sulcide, or homicide? Data of injury, 19
E (State or country) Wayloud	Where did injury occur?
17. INFORMANT Hospital weends and (Address) sixty begand	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALO	Menner of injury
Place Crusuplan Date Nov. 23, 1937	Neture of injury
19. UNDERTAKER Than. H. Yood, (Address) Church Kill md.	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED Nov 22, 1937 N.J. / Lick's Registrar.	(Signed) OCO CA M. D. (Address) Ocean Low Lud

1937-11-20

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Erect to the second	Example I		Example II	10 15	
The principal cause of importance were a	of dcath and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEO 2 1937	July 5,1927	Peritonitis	3 days ago	
	RUPFALL V. S.				
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

-WRITE PLA

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	958	
County Lent	Registration Dist. No. 20,2	
Village or City Chesterlaux	NoSt.,Ward	
m ./ -1	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U.S. If of foraign birth?yrsmosds.	
61. 1.11 7. H. 1.		
2. FULL NAME WYSACH Pheller	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 32 193. 7 (Month) (Day) (Year)	
a. II married, widowed, or divorced HUSBANO of	22. SHEREBY CERTIFY. Thet I attended dacasas from	
(or) WIFE of chaasah wheeler	22. HEREBY CERTIFY, Thet I attended dacassad from	
5. DATE OF BIRTH (month, day, end year) www.	1 last saw h w anivered allegelies death is soin	
AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.	
74+ 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8. Trade, profession, or particular	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
SAWYER, BOOKKEEPER, etc. Seneral have work	Toung dead in ted 1936	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Several Laure 1994. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this pecualization (month and several t	g 1000 4/87 5 TM/	
SAW MILL, BANK, etc	Mules Reval.	
this occupation (month and 1937 spant in this left occupation	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) Tehestertain Red	Control Contro	
(State or country) Levy To-nel	- tedeman Lego.	
13. NAME 14. BIRTHPLACE (city or town)	<u> </u>	
14. BIRTHPLACE (city or town)	Name of operation	
(State of County)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (Stete on country)	Accident, suicide, or homicide?	
(Stele of County)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT COLL. Hackgray	Specify mistines infully occurred in impositiff, in frome, or in 100E10 FEAUE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner ol injury	
Place The startown Churchery Date How. 3 , 192	Natura of Injury	
19 UNDERTAKER Howey & Delliging	24. Was disease or injury in any way related to occupation of daceased?	
(Addrass) (Justerlowy, Mcd.	If so, spacify	
20 FILEO hor V 19.37 W.J. Wick	(Signed) transfell truille tropped	
Registrar.	(Address) Wholklaion Ma	

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Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	7 July5,1927	Peritonilis	3 days ago
Other contributory causes of importance:	and and the same	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year